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CONFIRMATION NO. 6924

<b>SERIAL NUMBER</b> 10/727,290	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> BON06-GN005-C2
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## APPLICANTS

Peter M. Bonutti, Effingham, IL;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/191,751 07/08/2002 PAT 7,104,996  
 and is a CIP of 09/976,396 10/11/2001 PAT 6,770,078  
 and is a CIP of 09/941,185 08/28/2001 PAT 6,702,821  
 and is a CIP of 09/566,070 05/05/2000 PAT 6,575,982  
 and is a CIP of 09/737,380 12/15/2000 PAT 6,503,267  
 and is a CIP of 09/789,621 02/21/2001 PAT 6,635,073  
 and is a CIP of 09/526,949 03/16/2000 PAT 6,620,181  
 and is a CIP of 09/569,020 05/11/2000 PAT 6,423,063  
 and is a CIP of 09/483,676 01/14/2000 PAT 6,468,289  
 and is a CIP of 09/798,870 03/01/2001 PAT 6,503,277 \*  
 and is a CIP of 09/526,949 03/16/2000 PAT 6,620,181  
 and is a CIP of 09/789,621 02/21/2001 PAT 6,635,073  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 37	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged Examiner's Signature _____ Initials _____					

## ADDRESS

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## TITLE

BICOMPARTMENTAL KNEE IMPLANT AND METHOD

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